
TRAINING COURSE ANNOUNCEMENT

MONTGOMERY COUNTY FIRE RESCUE

TRAINING ACADEMY

Course Title: **EMT-Intermediate Course #13**
(Day course)

Class Dates: February 28, 2011 – June 14, 2011

Time: 0700-1700

Day: 40 hour workweek (four 10 hour shifts) M-F
with an assigned RDO. 2 days in class, 1 day
on the medic unit; 1 day in the clinical setting.
Classes that fall on holidays will be held.

Location: Fire Rescue Training Academy

Instructor (s): Cathy Smith RN CEN NREMT-P

Pre-requisite:

Current Maryland EMT-B with 1 year (or 150 calls) experience as charge EMT-B
AHA Healthcare Provider or equivalent CPR Certification

Be a current member of a LFRD or a current career uniformed employee of
DFRS with one year of service

Applications can be found on the following website:

<http://www.montgomerycountymd.gov/firerescue/psta/ALS.asp>

NOTE: Registration Deadline: Completed application packets must
be received at the FRTA by 1700 hours on January 28, 2011.

This course will be limited to 18 persons and will meet or exceed the DOT EMT-
Intermediate curriculum. All students successfully completing this course and the
National Registry EMT-Intermediate examination will be eligible to take the
Maryland CRT99 (EMT-I) Protocol examination.

PREREGISTRATION IS NECESSARY
FOLLOW APPLICATION PROCESS

MEMORANDUM

December 23, 2010

TO: All Interested MCFRS Personnel

FROM: Captain Lee R. Silverman NREMT-P
EMS Training Officer

SUBJECT: EMT-Intermediate Course #13

I am pleased to announce the application process for EMT-Intermediate Course #13 (day course), which is scheduled to begin Monday, February 28, 2011 and finish June 14, 2011. This course meets 40 hours a week and the student will be assigned to the Fire Rescue Training Academy during this time. The classroom hours will be Tuesday and Thursday from 0900 – 1700; report time is 0700 and the student will be involved with either PT or study from 0700 - 0900. The other 2 days of the week the student will be assigned to a 10 hour clinical session in the hospital and a 10 hour session on the medic unit. You will have an assigned RDO. There will be some required evenings/nights to attend certain clinical sessions and your schedule will be adjusted.

After successful completion of the course, the National Registry EMT-I exam, and the Maryland CRT99 Protocol Exam you will become licensed as a Maryland CRT99 (EMT-Intermediate).

At this time we are encouraging all interested career personnel to apply. We will accept candidates based upon entrance exam scores and qualifications. Volunteers may also apply and will be admitted if there is space available but are required to abide by the schedule as set.

Based on Appendix A (Paramedic Program Standards) of the EMS Operations Manual the requirements for admission into the Paramedic Program are:

1. Be at least 18 years of age upon the first day of class.
2. Be currently certified to the Maryland EMT-B level.
3. **Have had at least one full year of continuous experience as an EMT-B with BLS charge status immediately before enrollment in the program**, or have run 150 emergency ambulance calls as charge. This experience must be verified in writing by the LFRD Chief or MCFRS Senior Career Officer and verifiable by the FRTA.
4. AHA Healthcare Provider or equivalent CPR Certification.
5. Be a current member of a LFRD or a current career uniformed employee of MCFRS with at least one year of service prior to application.

MCVFRS Candidates must complete an application packet consisting of:

1. EMT-I Program Application Form
2. Copies of current EMT-B and CPR cards (or annual re-certification verification)
3. MCVFRS Applicant Referral Form
4. A written statement from the candidate detailing their reasons for wishing to take this training.

MCFRS Candidates must complete an application packet consisting of:

- 1 EMT-I Program Application Form
- 2 Copies of current EMT-B and CPR cards (or annual re-certification verification)
- 3 MCFRS Endorsement form for EMT-I Course (forwarded to your station OIC). Do not hold your application waiting for this form; send application in as soon as completed.
- 4 A written statement from the candidate detailing their reasons for wishing to take this training.

APPLICATION PACKET IS AVAILABLE ON THE WEBSITE:

www.montgomerycountymd.gov/fire/rescue/psta/ALS.asp. **The application packet must be turned into the EMS Training Officer no later than 1700 hours, January 28, 2011.**

Candidates who have turned in the entire completed application packet and have met all the standards will be seated at the **Entrance examination on February 3, 2011 at 1000 (if you are late you will not be seated)**. There will be no other dates or make-up exams. The entrance exam is described on the attached page entitled "The EMT-I Entrance Examination". Study sessions will be available to refresh your math skills (see separate announcement).

Candidates who pass the entrance exam will be contacted by the EMS office. Selection for the course seats is based on the FRTA standard seating formula.

If you need any further information or have any questions please contact me at 301-279-1275.

Montgomery County Fire and Rescue Service
Division of Wellness, Safety and Training
Fire Rescue Training Academy

The EMT-Intermediate Entrance Examination

The Entrance exam is composed of four parts. Each part is administered separately, and each part has a time limit. Each part must be passed. The exam is given to help identify candidates who are able to pass the EMT-I program. Marginal performance on the exam has been an excellent predictor of failure of the EMT-I program. The four parts are as follows:

1. ***Reading comprehension:*** The candidate will be given a series of paragraphs to read. Several multiple choice questions will follow each selection to test the candidate's comprehension of the material. EMT-I students are expected to read and understand hundreds of pages of textbooks and handouts during the course of the class.
2. ***Word analogies:*** This section will test the candidate's word knowledge and ability to reason. The candidate will be given a series of multiple choice questions formatted as in the example:

Pane is to window as page is to a) **book**, b) telephone, c) senate, d) city
3. ***Math ability:*** The candidate will be tested on their ability to do: a) basic addition, subtraction, multiplication and division; and b) operations of above with decimals, percentages and fractions. EMT-I students must be able to quickly calculate proper drug dosages most of which are based on patient weight in kilograms. The successful student will be able to convert pounds to kilograms, and multiply by the proper ratio to arrive at a proper dose.
4. ***EMT knowledge:*** The candidate will be tested on knowledge of material found in Brady's Emergency Care 8/9th or AAOS 8/9th edition and the July 1, 2010 edition of the Maryland Medical Protocols. EMT-I's must memorize many pages of protocols and recall them instantly for successful patient outcomes.

Montgomery County Fire and Rescue Service
Division of Wellness, Safety and Training
Fire and Rescue Training Academy
Course Announcement

EMT-Intermediate Course #13

Starting Date: February 28, 2011

Class Times: 0700 - 1700

Days: 4 (10) hour days (2 in class and 2 in clinical)

Location: Fire and Rescue Training Academy

Total Hours: 550 hours (classroom, medic and clinical)

Medic Unit Rotations: As scheduled by the Clinical Coordinator. Students are required to ride a minimum of 40 hours per month and to have completed a total of 140 hours by end of class.

Hospital Rotations: As scheduled by the Clinical Coordinator. Students will be required to attend approximately 40 hours per month in a hospital setting and complete a total of 132 hours (plus any additional remedial hours as necessary) by the end of class.

Pre-requisites: Successful completion of EMT-B, CPR and other requirements outlined in accompanying memo.

Attendance Requirements: Because of the concentrated nature of this course, absences are limited to two class sessions a semester. Missed sessions must be made up within two weeks. Students with attendance problems will be dismissed from the program.

End of Class Tests: The class will finish with the National Registry EMT-I Written and Practical exams during July, 2011. Successful completion of the National Registry test will enable the student to take the written Maryland CRT99 Protocol exam and obtain EMT-I licensure.

Application Process: Candidates must complete the application and testing process outlined in accompanying memo.

Complete applications MUST be turned in to the EMS Training Officer no later than 1700 on January 28, 2011. Applications that are not complete and/or received late will not be accepted.

Montgomery County Fire and Rescue Service
Division of Wellness, Safety and Training
Fire and Rescue Training Academy

Application for EMT-Intermediate Course # 13 (Day Course)

Personal Information

Name: _____ Date of birth _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Pager/cell phone: _____

E-mail: _____

FS ID _____

Entrance exam February 3, 2011 1000

Employment:

Current Employer's Name: _____

Supervisor's Name: _____

Supervisor's Phone #: _____

Occupation: _____

May a representative of the FRTA contact your employer: **YES** or **NO** (circle one)

Education

What high school did you graduate from? _____

Year graduated? _____

College attended and years? _____

Field of study: Degree: _____

Other Education: Degree or Cert. In: _____

Other Education: Degree or Cert. In: _____

Please list all professional licenses:

Fire/Rescue Activities

Current primary Fire/Rescue affiliation: _____

From: _____ To: _____ Rank _____ Sta #: _____ Shift: _____

Any secondary affiliation: _____

Total years Fire/Rescue, EMS experience: _____

EMT-B since: _____ EMT-B ID # _____ Exp date: _____

Ambulance OIC since: _____

Average number of ambulance/medic runs per week: _____

NOTE: If less than 1 year as a Charge EMT-B, documentation of a minimum of 150 calls as a charge medical attendant must accompany this application.

Other Fire/Rescue/EMS Course: (may enclose transcript):

Course(s) taken and date: _____

Course(s) taken and date: _____

Course(s) taken and date: _____

Authorization to release Transcript:

I _____ (Print your name) in compliance with the Federal "Family Educational and Rights to Privacy Act of 1974" and the Buckley Amendment, authorize and give permission to the Fire and Rescue Training Academy of Montgomery County, Maryland, to release a transcript of my training records to the EMS training staff.
(Signature)

All applicants for course must truthfully answer these questions:

Have you ever applied for ALS certification/licensure in MD, or any other state?

When _____ Where _____ Was it granted? _____

If not, why not? Explain on additional sheet.

Have you ever had ALS, BLS or other medical certification of license withheld, suspended, revoked or denied? _____ If yes, identify what certification, when and by whom, and explain the circumstances on a separate sheet.

Have you ever been convicted of, or plead guilty to, or pled nolo contendere to any crime other than a minor traffic violation? _____ If so, explain on a separate sheet.

BY MY SIGNATURE:

I understand that all of the above information I have given is subject to verification.

Affirm and declare that all of the above information I provided is true and correct to the best of my knowledge.

Acknowledge that any fraudulent entry may be considered sufficient cause for rejection or subsequent revocation.

Applicants signature

Date

Montgomery County Fire and Rescue Service
Division of Wellness, Safety and Training
Endorsement Form for EMT-I Course #13

Return to Capt. Silverman at the Fire Rescue Training Academy no later than January 28, 2011

Applicant Name: _____ Sta/shift

Hire date: _____

Station Captain

_____ I agree _____ I disagree (must document why)

Additional comments:

Printed name

Signature

Date

Battalion Chief

_____ I agree _____ I disagree (must document why)

Additional comments:

Printed name

Signature

Date

Shift Chief

_____ I agree _____ I disagree (must document why)

Additional comments:

Printed name

Signature

Date

Fire Rescue Training Academy EMS Training Officer

_____ Passed Entrance Exam, Recommended for EMT-I Course #13

_____ Failed Entrance Exam

Only Fire Rescue Training Academy Staff to fill in.

DVFRS Endorsement Form for EMT-I Course # 13

Return to Capt. Silverman at the Fire Rescue Training Academy no later than January 28, 2011.

Applicant Name:

LFRD Name:

This form is to be completed by the LFRD Chief or designee.

The member of your department whose name appears above is applying for EMT-I Course # 13 to be offered by the MCFRTA. Since there are usually more applicants than can be accommodated, it is necessary that a selection process be in place. As a part of this process, it is requested that you answer the following questions about your applicant and finally place them in priority order.

Please rate the applicant in the following categories using the scale below:

O = Outstanding
AA = Above Average
A = Average
U = Unsatisfactory
N/O = Not observed

1. Punctuality in reporting for work _____
2. Completion of assigned duties on time _____
3. Undertaking extra duties and responsibilities on their own _____
4. Cooperation with others _____
5. Written communication and record-keeping _____
6. Oral communication _____
7. Personal appearance _____
8. Relations with the public _____
9. General conduct _____
10. Participation in training activities _____
11. Leadership ability _____
12. Knowledge of EMS principles and practices _____
13. EMS performance on the scene _____
14. Judgment and ability to make decision on scene _____
15. Interest in continuing education and training _____
16. Ability to follow rules and instructions _____
17. Interest in safe performance _____
18. Ethics, honesty, integrity and character _____
19. Interest in EMS _____
20. Record in completing tasks that they undertake _____

Page 2: Applicant name

Would you personally select this applicant for a position of trust? yes/no

Would you feel comfortable if this applicant treated you or members of your family in an emergency medical situation? yes/no

Considering that your department has a limited number of seats available in this EMT-I course, and with first priority being the highest, please rate this applicant for admission.

First Priority _____ **Second Priority** _____ **Third Priority** _____
(Check off only one choice per applicant).

Please feel free to present additional information regarding your applicant on an additional sheet.

Signature: _____ Date: _____

Name (please print): _____ Position: _____

Please return this form directly to:

Captain Lee R. Silverman
Fire Rescue Training Academy
9710 Great Seneca Highway
Rockville, Md. 20850
Fax: 301-279-8219